

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90135 034 ****61.25

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DOCUMENT # N49275

1. Corporation Name

MISS SEMINOLE SCHOLARSHIP PAGEANT, INC.

Principal Place of Business

8640 SEMINOLE BLVD
SEMINOLE FL 33772
US

Mailing Address

8640 SEMINOLE BLVD
SEMINOLE FL 33772
US

2. Principal Place of Business

21 12788 - 91 Avenue No.

Suite, Apt. #, etc.

22 Seminole, FL

City & State

23 33776 US

Zip Country

24 25

2a. Mailing Address

26 12788 - 91 Avenue No.

Suite, Apt. #, etc.

27 Seminole, FL

City & State

28 33776 US

Zip Country

29 30

3. Date Incorporated or Qualified

06/09/1992

4. FEI Number

59-3127534

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

CATON, RICHARD P.
7843 SEMINOLE BLVD
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME DUNN, SUE
STREET ADDRESS 12424 JULIA ST
CITY-ST-ZIP SEMINOLE FL ☒ DELETETITLE DS
NAME DAYTON, CAROL
STREET ADDRESS 9617 N 125 ST
CITY-ST-ZIP SEMINOLE FL ☒ DELETETITLE DP
NAME BURKE, KENNETH
STREET ADDRESS 8640 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL ☒ DELETETITLE DV
NAME CATON, REGINA
STREET ADDRESS 12395 MONARCH CIR
CITY-ST-ZIP SEMINOLE FL ☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☒ Change ☐ Addition
1.2 NAME HOOPER, TRACY
1.3 STREET ADDRESS 13239 - 86 Avenue N.
1.4 CITY-ST-ZIP SEMINOLE, FL 337762.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME SILVERS, SHARON
2.3 STREET ADDRESS 8300 Bardmoor Blvd., #109
2.4 CITY-ST-ZIP LARGO, FL 337773.1 TITLE DP ☒ Change ☐ Addition
3.2 NAME HLAS, HENNY (Mrs.)
3.3 STREET ADDRESS 12788 - 91 Avenue N.
3.4 CITY-ST-ZIP SEMINOLE, FL 337764.1 TITLE DV ☒ Change ☐ Addition
4.2 NAME ALLWOOD, CARRIE
4.3 STREET ADDRESS 13517 - 82 Avenue N.
4.4 CITY-ST-ZIP SEMINOLE, FL 337765.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.
(727) 397-1719 (home)SIGNATURE: *Katherine Harris* KATHERINE HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 15, 1999

Date

Daytime Phone #

CR2E037 (11/98)